



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Novel Small Nuclear RNA Vectors and Uses Therefor

the specification of which (check one)

☐ is attached hereto.

☒ was filed on March 12, 2001 as United States Application

Number or PCT International Application No. 09/804,481

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/188,304 March 10, 2000
(Application Number) (Filing Date)

(Application Number) (Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing date)	_____ (Status: patented, pending, abandoned)
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_____ (Application Serial No.)	_____ (Filing date)	_____ (Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the attorneys and/or agents associated with
Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799
Customer No. 21005,

and _____,
to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to:

☒ Customer No. 21005
 HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 Two Militia Drive
 Lexington, MA 02421-4799

or

☐ Address as follows:

Direct telephone calls to: Lisa M. Treannie, Esq. Telephone No.: 781-861-6240

Direct facsimiles to: Lisa M. Treannie, Esq. Facsimile No.: 781-861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor David de Graaf

Inventor's Signature  Date 9/12/07

Residence 1530 Cambridge Street #1

Cambridge, MA. 02139

Citizenship Netherlands

Mailing Address Same as Above

Full name of second joint

inventor, if any Eric S. Lander

Inventor's Signature _____ Date _____

Residence 151 Bishop Allen Drive

Cambridge, MA. 02139

Citizenship USA

Mailing Address Same as Above

PATENT NO. 2825.1023-001



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(Number)	(Country)	(Day/Month/Year filed)	[]	[]	[]
_____	_____	_____	[]	[]	[]
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☒ Customer No. **21005**
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Full name of sole
 or first inventor David de Graaf
 Inventor's Signature _____ Date _____
 Residence 1530 Cambridge Street #1
Cambridge, MA. 02139
 Citizenship Netherlands
 Mailing Address Same as Above

inventor, if any

Elyc S. Funder

Inventor's Signature _____

Paul J. Burke

Date _____

9/11/01

Residence

151 Bishop Allen Drive

Cambridge, MA. 02139

Citizenship

USA

Mailing Address

Same as Above

Case	Age	Sex	Occupation	Duration of illness	Site of lesion	Pathological changes	Microscopic findings	Diagnosis
1	25	M	Farmer	10 years	Brain	Chronic	Microscopic findings	Chronic
2	35	F	Housewife	5 years	Brain	Chronic	Microscopic findings	Chronic
3	45	M	Teacher	15 years	Brain	Chronic	Microscopic findings	Chronic
4	55	F	Retired	20 years	Brain	Chronic	Microscopic findings	Chronic
5	65	M	Engineer	25 years	Brain	Chronic	Microscopic findings	Chronic
6	75	F	Homemaker	30 years	Brain	Chronic	Microscopic findings	Chronic
7	85	M	Retired	35 years	Brain	Chronic	Microscopic findings	Chronic
8	95	F	Retired	40 years	Brain	Chronic	Microscopic findings	Chronic